

## Nebraska Library Commission

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### Institutional Application

#### Applicant Information:

Institution Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

#### Contact Person Information:

Name \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

#### Certification of Eligibility:

**Certifying Authority Information:** Have the form signed by a certifying authority, such as a medical professional, other professional staff of hospitals and nursing homes, social worker, caseworker, rehabilitation teacher and superintendent, or professional librarian. Individuals with a reading disability must submit an application that is signed by a medical doctor or doctor of osteopathy. Family members may NOT serve as the certifying authority.

Name/Title/Occupation \_\_\_\_\_

Phone \_\_\_\_\_ Address \_\_\_\_\_

I, the certifying authority, certify that the applicant named is unable to read or use standard printed material for the reason indicated above. \_\_\_\_\_

*Eligibility of blind and other disabled persons for loan of library materials: 1. Those people whose visual acuity, as determined by competent authority, is 20/200 or less in the better eye with correcting lenses, or whose widest diameter of visual field subtends an angular distance no greater than 20 degrees. 2. Those with physical disabilities are eligible as follows: (a) Persons whose visual impairment, with correction and regardless of optical measurement, is certified by competent authority as preventing the reading of regular printed material. (b) Persons certified by competent authority as unable to read or unable to use regular printed material because of physical limitations. (c) Persons certified by competent authority as having a reading disability resulting from organic dysfunction and of sufficient severity to prevent reading regular printed material in a conventional manner.*

**Services:** (Check all that apply) Books/magazines (postage-free USPS delivery/pick-up):

\_\_\_\_\_ Audio \_\_\_\_\_ Braille \_\_\_\_\_ Downloadable (audio/braille)

Equipment: (Check to show you have read the following statement.) \_\_\_\_\_ Playback equipment and special attachments are supplied to eligible persons on extended loan. If this equipment is not being used in conjunction with recorded material provided by the Library of Congress and its cooperating libraries, it must be returned to the issuing agency.

**Reading Interests:**

Request Type: \_\_\_\_\_ We'll pick our own books from the catalogs. \_\_\_\_\_ Pick books for us based on the selections below.

Foreign Language: \_\_\_\_\_ Spanish \_\_\_\_\_ Specify other language

Content Exclusions: (Select what you wish the books to not contain; circle all that apply)

Sex    Strong Language    Violence    12+ hour Runtime  
Reading Level: \_\_\_\_\_ Adult \_\_\_\_\_ Childrens (Specify grade level) \_\_\_\_\_

Subjects: (Circle up to ten subjects from the nonfiction and fiction subjects listed below.)

Nonfiction: (*Writing that is based on facts, real events, and real people.*) Specify authors and subjects: \_\_\_\_\_

Animals/Nature	Bible Inspiration	Business	Health
History	Politics	Religion/Ethics	Science/Math
Self Help	Sports	Technology	War History

Fiction: (*Writing that describes imaginary events and people.*) Specify authors and subjects: \_\_\_\_\_

Adventure	Christian Fiction	Classics	Fantasy
Historical Fiction	Horror	Mystery	Pioneer Fiction
Romance	Science Fiction	Spy Fiction	Suspense
War Fiction	Westerns	Women's Fiction	

**Survey:** How did you learn about this service? (Circle up to three) Specify: \_\_\_\_\_

Health Care	Veteran Affairs	Vocational Rehab	Public Library	Friend/Family		
Internet	School	Event/Expo	TV Ad	Radio Ad	Other Ad	Support Group

*Notice: Records relating to recipients of Library of Congress reading material are confidential.*